

# DISCLOSURE SUMMARY PAGE

## IA ETHICS AND CAMPAIGN DISCLOSURE

FORM  
DR-2

(Rev. 09/97)

DISCLOSURE  
REPORT

## For Office Use Only

Comm. # \_\_\_\_\_  
 Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Computer \_\_\_\_\_

COMMITTEE NAME (Must be same as on Statement of Organization)

POLK COUNTY DEMOCRATIC CENTRAL COMMITTEE

2008 JUL 14 AM 9:04

IMPORTANT: Indicate type of committee you are reporting for: ☒

- ( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
 ( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee  
 ( 8 ) Support State of Candidates

*Stephen R. Hampton*

515-255-7696

July 14, 2008

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Penalties Due For Late Filed Reports Range from \$10 to \$400

## SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A July 14 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
 (report date) Indicate one ☒

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
 which Election is held  
Polk

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total  
 of all monies held by the committee. This amount **MUST** be the  
 same as the cash on hand at the end of the last reporting period,  
 or must be zero if this is first report filed.)

\$ 26,617.99

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ..... 3,975.00

Schedule F: Loans Received total (Attach Schedule F) .....

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... \$ 32,592.99

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ..... 14,182.10

Schedule F: Loan Repayments total (Attach Schedule F) .....

CASH ON HAND at the end of this reporting period (if final report, balance must  
 be zero) (Attach DR-3)

\$ 18,410.89

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... \$

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... \$

## CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

\_\_\_ YES \_\_\_ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**

CHECK THIS BOX IF

AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

**Polk County Democratic Central Committee**

**STATE CANDIDATES NOTE :** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by ny person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/19/08	ID# CK# 2300	Ardin and Frances Solinger 8624 NE 38th Ave Altoona, IA 50009		\$25.00	<input type="checkbox"/>
05/19/08	ID# CK# 6204	Jodi Tomlonovic 1245 40th St. Des Moines, IA 50311		\$ 100.00	<input type="checkbox"/>
05/19/08	ID# 17339 CK# 2239	John Mauro for Polk County Supervisor 2611 Ingersoll Ave Des Moines, IA 50312		\$ 500.00	<input checked="" type="checkbox"/>
05/19/08	ID# 5114 CK# 899	Committee to Elect Michael Mauro 4325 SW 31st St. Des Moines, IA 50321		\$ 250.00	<input checked="" type="checkbox"/>
05/19/08	ID# c00166827 CK# 22786	Citizens for Harkin PO Box 811 Des Moines, IA 50304		\$ 25.00	<input checked="" type="checkbox"/>
05/30/08	ID# CK# 2394	Kristine Wells 4406 Bell Aire Rd. Des Moines, IA 50310		\$ 50.00	<input type="checkbox"/>
05/30/08	ID# 1206 CK# 1247	Petersen for State Representative 4300 Beaver Hills Dr. Des Moines, IA 50310		\$ 250.00	<input checked="" type="checkbox"/>
06/06/08	ID# CK# 2899	Edward and Bonnie Campbell 3131 Fleur Dr. Apt 702 Des Moines, IA 50321		\$1,000.00	<input checked="" type="checkbox"/>
06/06/08	ID# CK# 2331	Ardin and Frances Solinger 8624 NE 38th Ave Altoona, IA 50009		\$25.00	<input type="checkbox"/>
07/03/08	ID# 987 CK# 932	Huser for State Representative 213 7th St. NW Altoona, IA 50009		\$ 1,500.00	<input type="checkbox"/>
				\$ 3,725.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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1 of 2  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**

CHECK THIS BOX IF

AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

**Polk County Democratic Central Committee**

**STATE CANDIDATES NOTE :** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by ny person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07/03/08	ID# 703 CK# 2905	Committee to Elect Matt McCoy PO Box 35036 Des Moines, IA 50315		\$250.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

\$ 250.00

Total All Pages

\$ 3,975.00

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(for Schedule A)

FOR INSTRUCTIONS. SEE BACK OF FORM

**EXPENDITURES-MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE	
<b>B</b>	<b>MONETARY</b>
(Rev. 09/97)	<b>EXPENDITURES</b>

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

POLK COUNTY DEMOCRATIC CENTRAL COMMITTEE

DATE EXPENDED MM/DD/YR	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/29/08	ID# CK#4212	Carter Printing 1739 E. Grand Des Moines, IA 50316	Color copies	\$ 25.44
05/30/08	ID# CK#4213	U.S. Postmaster 2 <sup>nd</sup> & University Des Moines, IA 50306	Stamps	140.00
05/30/08	ID# CK#4214	Tamyre Harrison 4225 NE 108 <sup>th</sup> Mitchelville, IA 50169	Reimbursement for supplies	37.18
06/08/08	ID# CK#4215	U.S. Postmaster 1165 2 <sup>nd</sup> Ave Des Moines, IA 50318	Annual Box rental fee	26.00
06/08/08	ID# CK#4216	AT&T Mobility P.O. Box 6463 Carol Stream, IL 60197	May billing	144.21
06/08/08	ID# CK#4217	Iowa Democratic Party 5661 Fleur Dr. Des Moines, IA 50321	Employee leasing	9556.48
06/11/08	ID# CK#4218	Val Air Ballroom 301 Ashworth Rd. W. Des Moines, IA 50265	Building rental	2600.00
06/11/08	ID# CK#4219	Qwest P.O. Box 91154 Seattle, WA 98111	May billing	59.50

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 12588.81

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fundraising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).I

Page 1 of 2

(for Schedule B~

FOR INSTRUCTIONS. SEE BACK OF FORM

**EXPENDITURES-MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE

**B**

MONETARY

(Rev. 09/97) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

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COMMITTEE NAME (Must be same as on Statement of Organization)

POLK COUNTY DEMOCRATIC CENTRAL COMMITTEE

DATE EXPENDED MM/DD/YR	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06/15/08	ID#  CK#4220	John Sager 209 N. 7 <sup>th</sup> Marshalltown, IA 50158	Memorial contribution	\$ 100.00
06/26/08	ID#  CK#4221	Labtech Engineering 109 Center Ave., N. Mitchellville, IA 50169	Computer repair	80.00
07/07/08	ID#  CK#4222	Cheryl Fasano 3841 N. Union Des Moines, IA 50316	Reimbursements for candy and other supplies for July 4 parades	146.57
07/07/08	ID#  CK#4223	Tamyra Harrison 4225 NE 108 <sup>th</sup> St. Mitchellville, IA 50169	Reimbursements for candy and other supplies for July 4 parades	69.98
07/07/08	ID#  CK#4224	Carter Printing 1739 E. Grand Des Moines, IA 50316	Spanish brochures, envelopes & lapel stickers	1033.50
07/13/08	ID#  CK#4225	AT&T Mobility P.O. Box 6463 Carol Stream, IL 60197	July billing	143.57
Period	ID#  CK#NA	Merchants Service Group 6901 Jerrico Turnpike Syosset, NY 11791	Processing fee	19.67
	ID#  CK#			

SUB-TOTAL

\$ 1593.29

TOTAL (if last page of this schedule)

\$ 14182.10

THIS BOX APPLIES TO CANDIDATES'  
COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fundraising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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(for Schedule B-)